

**MASSACHUSETTS EXECUTIVE OFFICE OF EDUCATION
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

PART I – GENERAL

A. APPLICANT:	District Code:				
ADDRESS:					
TELEPHONE: ()					

B. APPLICATION FOR PROGRAM FUNDING

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
FY2016	STATE – COMPETITIVE GRANT administered by the SPECIAL EDUCATION PLANNING & POLICY DEVELOPMENT	FROM	TO	
236	Inclusive Concurrent Enrollment Partnership Programs for Students with Disabilities – Competitive Grant	7/1/2015	8/31/2015	

C. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS.

AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

<p>DATE DUE: Friday, June 13, 2015</p> <p>Proposals must be received at the Executive Office of Education by 5:00 p.m. on the date due.</p> <p>Mail the 236 proposal listed on <u>this signature page</u> to:</p> <p style="text-align: center;">Glenn Gabbard Coordinator, Inclusive Concurrent Enrollment Program Executive Office of Education - Commonwealth of Massachusetts One Ashburton Place, Room 1403 Boston MA 02108</p> <p>Number of sets: See Submission Instructions on the RFP.</p>
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DO NOT WRITE BELOW THIS LINE

MASSACHUSETTS EXECUTIVE OFFICE OF EDUCATION ONLY	
GRANTS MANAGEMENT	
EOE Authorized Signatory:	Date: